

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00235853       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 02 / 08 / 2016</div> </div>	

Full Name of Payee <b>API</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2016
Mailing Address 4471 Nicole Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3849.34</div>
City Lanham      State MD      Zip Code 20706	
Purpose of Expenditure T-Shirts      Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	<b>Transaction ID : D622756</b> Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016
Name of Federal Candidate Hillary Rodham Clinton <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House      District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">135673.55</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Impact Dialing</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2016
Mailing Address 400 SW 6th Ave Suite 800	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">389.95</div>
City Portland      State OR      Zip Code 97204	
Purpose of Expenditure Telephone Calls      Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	<b>Transaction ID : D622757</b> Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016
Name of Federal Candidate Hillary Rodham Clinton <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House      District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">135673.55</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4239.29</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

 MM / DD / YYYY  
 02 / 17 / 2016

Signature

: 97 'A-G79 @C B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
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Form/Schedule: F24A

Transaction ID :

Other expenditures dated 2/8/2016, but reflected on another report, were inadvertently listed on the first amendment to the original filing FEC-1048428. This 2nd amendment to FEC-1048428 removes these expenditures from the first amendment, FEC-1049873.

Form/Schedule:

Transaction ID: